

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)

## FEE TRANSMITTAL For FY 2006

**Complete if Known**

<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>10/782,788</td> </tr> <tr> <td>Filing Date</td> <td>February 23, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>TATSURO KAWAKAMI</td> </tr> <tr> <td>Examiner Name</td> <td>Shambhavi K. Patel</td> </tr> <tr> <td>Art Unit</td> <td>2128</td> </tr> <tr> <td>Attorney Docket No.</td> <td>00862.023469</td> </tr> </table>	Application Number	10/782,788	Filing Date	February 23, 2004	First Named Inventor	TATSURO KAWAKAMI	Examiner Name	Shambhavi K. Patel	Art Unit	2128	Attorney Docket No.	00862.023469
Application Number	10/782,788												
Filing Date	February 23, 2004												
First Named Inventor	TATSURO KAWAKAMI												
Examiner Name	Shambhavi K. Patel												
Art Unit	2128												
Attorney Docket No.	00862.023469												
<b>TOTAL AMOUNT OF PAYMENT</b>	(\$ ) 400.00												

**METHOD OF PAYMENT** (check all that apply)

☐ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number: 06-1205   
 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   
   
 ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17   
   
 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
<u>8</u> - 20 or HP = <u>0</u> x <u>50.00</u> = <u>0</u>						
HP = highest number of total claims paid for, if greater than 20				<u>360.00</u>		<u>0</u>

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>6</u> - 3 or HP = <u>2</u> x <u>200.00</u> = <u>400.00</u>			
HP = highest number of independent claims paid for, if greater than 3			

**3. APPLICATION SIZE FEE**

If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round <b>up</b> to a whole number) x _____	_____	_____

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other: _____	_____

## SUBMITTED BY

Signature	/Lawrence A. Stahl/	Registration No. (Attorney/Agent) 30,110	Telephone 202-530-1010
Name (Print/Type)	Lawrence A. Stahl	Date: November 14, 2006	

LAS:eyw